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# STATE OF NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

			Donor Agreement #
	1	PRIVATE DONOR AGREEMENT	
AGI	REEMENT between		
		(the "Provider Agency") and	
			(the "Donor").
adm		ment of Human Services (the "Department" stration of social service programs, as def	
	EREAS the Department desires ed to deliver services; and	that the Provider Agency deliver services	and the Provider Agency has
	<u> </u>	cies establish that resources donated from in the provision of social services; and	private sources may, under
WH	EREAS the Donor wishes to ma	ake a cash donation to support social service	s;
THE	EREFORE, the Provider Agency	and the Donor agrees to the following term	as and conditions:
1.		begin on, 20	
2.	<u>Donation</u> - During the term of this agreement the Donor agrees to make a total cash donation of \$("Donated Resources") to the Provider Agency.		
3.	Payment of Donated Resou contributed to the Provider A	rces. During the term of this agreement, Agency as follows:	Donated Resources shall be
	PAYMENT(S)	DATE DUE	<u>AMOUNT</u>
		TOT	'AL

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4. <u>Administrative Control of Donated Resources</u>. Except for the allowable Donor restrictions contained in paragraph 5 of this agreement, all Donated Resources contributed to the Provider Agency under this agreement are donated on an unrestricted basis. This is to ensure that Donated Resources are under the administrative control of the Provider Agency.

5.	<u>Donor's Restrictions</u> - The Donor restricts the use of Donated Resources as follows:		
	Type of Service:		
	Service Contract Title:		
	Service Contract #:		
6.	<u>Provider Agency's Obligations</u> . In consideration of the resources donated, the Provider Agency agrees to use the Donated Resources in accordance with the restrictions contained in paragraph 5 of this agreement. The Provider Agency represents that the opportunity to honor the Donor's restrictions in the provision of social services is available.		
	It is understood that the provision of services is subject to federal and State laws and administrative regulations and that services will be provided in a manner necessary to ensure compliance.		
	Upon request from the Donor, the Provider Agency shall make available to the Donor the Annex(es of the service contract specified in paragraph 5 of this agreement. In addition, upon request from the Donor, the Provider Agency shall make available to the Donor its reports to the State agency covering levels of service and program expenditures under the service contract. The Provide Agency shall not release confidential materials or information concerning persons served under the service contract.		
7.	<u>Donor's Obligation</u> . It is the Donor's obligation to provide the Donated Resources in the amount(and as scheduled in paragraph 3 of this agreement. The Donor understands that failure to meet the payment schedule in paragraph 3 of this agreement may result in the Provider Agency being unabto claim sufficient reimbursement to fund its social service program.		
8.	<u>Indemnification</u> . The Donor indemnifies and holds the Provider Agency harmless for any loss or disallowance of reimbursement that the Provider Agency may suffer due to the inaccuracy of any		

10. <u>Entire Agreement</u>. This document contains all the terms and conditions agreed to by the Provider Agency and the Donor. Any amendment or modification of this agreement must be approved by the Department.

may be conducted by or on behalf of the Provider Agency, the Department, or the federal

Audit. The Donor agrees to cooperate in any audit of the source of the Donated Resources. An audit

government. The Donor understands that it is its responsibility to maintain sufficient documentation

statement made in this agreement by the Donor.

to support the Donated Resources.

9.

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### PRIVATE DONOR ACREEMENT

### **SIGNATURE PAGE**

BY:Signature of Donor's Authorized Representative	BY: BY: Signature of Provider Agency's Authorized Representative
NAME:	NAME:
TITLE:	TITLE:
DONOR:	PROVIDER AGENCY:
DONOR ADDRESS:	PROVIDER AGENCY ADDRESS:
PHONE NUMBER:	PHONE NUMBER:
DATED:	DATED:
DONO	OR AGREEMENT #